

DO NOT WRITE IN THIS SPACE

Partnership Return of Income 1996

For Fiscal year beginning _____ 19____ and ending _____ 19____

To be also filed by Syndicated, Pools, Joint Ventures, etc.

AN EXTENSION OF TIME TO FILE THIS RETURN IS NOT REQUIRED**Return to: Income Tax Division, MT Dept. of Revenue. PO Box 5805, Helena, MT 59604-5805**

NOTE: Attachment of the Federal Partnership return is not required, however the department may request a copy at a later date pursuant to 15-30-133 MCA. Filing of an Individual Income Tax return may be required by the partners.

CORRECT LABEL IF NECESSARY

Federal ID#		Principal Business	
Partnership Name		Date Organized	
		Date Dissolved	
State	Zip Code		

All requested information below must be completed. If there are more than 8 partners attach K-1's.

Partners Share of Income/Loss

Please Type or Print

*Enter all of a resident partner's ordinary income. Enter the portion of ordinary income derived from Montana sources for a nonresident partner.

NAME AND ADDRESS OF EACH PARTNER	SOCIAL SECURITY #	OWNERSHIP%	MONTANA TAXABLE SHARE OF ORDINARY INCOME*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

TOTAL PARTNERSHIP INCOME (OR LOSS)	TOTAL
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Name of Person or Firm preparing return

Telephone Number

Signature of Partner or Member

